

PM FORM 3.4.1
Non-Title XIX/XXI Co-payment Assessment

[Click Here For Spanish Version](#)

Instructions: Complete this form for all Non-Title XIX/XXI persons. Provide a copy to the person, parent or legal guardian.

Name:

I. Person's Family Household Size and Income

A. Size of person's family household (Family consists of: Applicant; parent(s) of a minor child; spouse; natural child, adoptive child and stepchild under 18 years of age or 19 if full time student):

B. Gross monthly family income (includes the gross family income; as family is defined in A.):

C. Third party liability coverage: ☐ Yes ☐ No

II. Sliding Co-payment Schedule

Circle: 1) family household size, 2) gross monthly family income, 3) the co-payment.

Size of Family Household by Gross Monthly Family Income									Co-payment based on type of service provided*		
1	2	3	4	5	6	7	8	9	S/R	T/M/D	R/I
<\$957	<\$1,283	<\$1,609	<\$1,935	<\$2,261	<\$2,587	<\$2,913	<\$3,239	<\$3,565	\$0.	\$0.	\$0.
\$957-\$1,339	\$1,283-\$1,795	\$1,609-\$2,252	\$1,935-\$2,708	\$2,261-\$3,164	\$2,587-\$3,621	\$2,913-\$4,077	\$3,239-\$4,534	\$3,565-\$4,990	\$1.	\$2.	\$15.
\$1,340-\$1,530	\$1,796-\$2,052	\$2,253-\$2,573	\$2,709-\$3,095	\$3,165-\$3,617	\$3,622-\$4,138	\$4,078-\$4,660	\$4,535-\$5,181	\$4,991-\$5,703	\$3.	\$6.	\$30
\$1,531-\$1,722	\$2,053-\$2,308	\$2,574-\$2,895	\$3,096-\$3,482	\$3,618-\$4,069	\$4,139-\$4,656	\$4,661-\$5,242	\$5,182-\$5,829	\$5,704-\$6,416	\$4.	\$8	\$45.
\$1,723-\$1,913	\$2,309-\$2,565	\$2,896-\$3,217	\$3,483-\$3,869	\$4,070-\$4,521	\$4,657-\$5,173	\$5,243-\$5,825	\$5,830-\$6,477	\$6,417-\$7,129	\$6.	\$10.	\$60.
\$1,914-\$2,104	\$2,566-\$2,822	\$3,218-\$3,539	\$3,870-\$4,256	\$4,522-\$4,973	\$5,174-\$5,690	\$5,826-\$6,408	\$6,478-\$7,125	\$7,130-\$7,842	\$8.	\$12.	\$75.
\$2,105-\$2,296	\$2,823-\$3,078	\$3,540-\$3,861	\$4,257-\$4,643	\$4,974-\$5,425	\$5,691-\$6,208	\$6,409-\$6,990	\$7,126-\$7,773	\$7,843-\$8,555	\$10.	\$20.	\$90.
>\$2,297	>\$3,079	>\$3,862	>\$4,644	>\$5,426	>\$6,209	>\$6,991	>\$7,774	>\$8,556	Full	Full	Full

* S/R is Support and Rehabilitation Services, T/M/D is Treatment, Medical and Day Program Services, R/I is Residential and Inpatient Services. Co-payments for Mental Health Services Not Otherwise Specified (NOS) (Room and Board) may be established independent of the Sliding Co-payment Schedule consistent with [Provider Manual Section 3.4, Co-payments](#).

III. Co-payment Assessment for Non-Title XIX/XXI Persons

Based on the person's family household size, gross monthly family income and third party coverage in Part I, use the Sliding Co-payment Schedule in Part II to determine if the person is required to pay a co-payment for behavioral health services that are provided. Indicate below:

☐ Person is not required to pay a co-payment.

☐ Person is obligated to pay a co-payment of \$ for S/R services, \$ for T/M/D services and \$ for R/I services.

☐ Person has third party coverage and is obligated to pay up to \$ for S/R services, \$ for T/M/D services and \$ for R/I services, not to exceed the un-reimbursed portion of the service cost.

☐ The co-payment will create an undue hardship for the person or his/her family, and thus the following is being recommended (e.g., reduce or waive):

Staff Signature

Title: _____ Date: / /

IV. Agreement to pay co-payment

I am certifying that the information provided in this document is true and correct to the best of my knowledge. If it has been determined that I will need to pay a co-payment for the provision of behavioral health services, my signature below also indicates that 1) the co-payment and the method for calculating my co-payment has been explained to me and 2) I am agreeing to pay the co-payment each time services are provided unless other arrangements have been made with the provider.

Person/Parent/Legal Guardian Signature

Date